



COLUMBUS STATE
UNIVERSITY

Acknowledgement of FWS Supervisor Handbook

Department's Name: _____ Date: _____

Campus Location: _____

I have read and understand my rights and responsibilities as a FWS Supervisor and I will ensure that the student does not exceed his or her hours/funding level.

I will submit the hiring request to HR upon confirmation of email of eligibility.
(Award Letter email from student)

I will ensure that a student is eligible prior to working in my department.

Supervisor's Printed Name: _____ Date _____

Supervisor's Signature: _____

****Please submit this acknowledgment to Financial Aid at:
financial_aid@columbusstate.edu****